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NORTH CAROLINA CANCER REGISTRY

ANNUAL REPORT

1973

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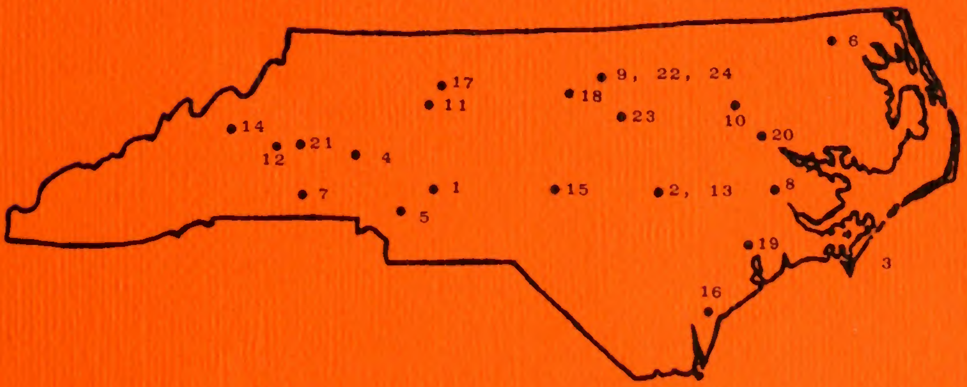

PARTICIPATING CANCER PROGRAMS

CABARRUS MEMORIAL HOSPITAL	1
CAPE FEAR VALLEY HOSPITAL	2
CARTERET GENERAL HOSPITAL	3
CATAWBA MEMORIAL HOSPITAL	4
CHARLOTTE MEMORIAL HOSPITAL	5
CHOWAN HOSPITAL	6
CLEVELAND MEMORIAL HOSPITAL	7
CRAVEN COUNTY MEMORIAL HOSPITAL	8
DUKE HOSPITAL	9
EDGECOMBE GENERAL HOSPITAL	10
FORSYTH MEMORIAL HOSPITAL	11
GRACE HOSPITAL	12
HIGHSMITH-RAINEY HOSPITAL	13
MEMORIAL MISSION HOSPITAL	14
MOORE MEMORIAL HOSPITAL	15
NEW HANOVER MEMORIAL HOSPITAL	16
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N. C. MEMORIAL HOSPITAL	18
ONSLOW MEMORIAL HOSPITAL	19
PITT COUNTY MEMORIAL HOSPITAL	20
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NORTH CAROLINA CANCER REGISTRY
ANNUAL REPORT
1973

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MAY 20 1775

NORTH CAROLINA DEPARTMENT OF HUMAN RESOURCES

DIVISION OF HEALTH SERVICES

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W. Burns Jones, Jr., M.D., M.P.H., Head

PUBLIC HEALTH STATISTICS BRANCH
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NORTH CAROLINA CANCER REGISTRY

In 1968, in response to repeated requests by physicians throughout the state, the Governor's Commission for the Study of Cancer asked the North Carolina Regional Medical Program to develop a central cancer registry. The Regional Medical Program provided initial funding for the project and the Division of Health Services assumed administrative and fiscal responsibility for the Registry in 1970 and 1971 respectively.

The goal of the North Carolina Cancer Registry is to improve cancer care in this state by helping hospitals to establish and operate cancer registries and by encouraging the formation of hospital cancer programs. The Registry provides local registries with abstract and follow-up forms, trains hospital cancer registrars, provides annual and special reports, and is an important source of data for clinicians, epidemiologists, medical schools and health departments. Each year the demand increases for information concerning the demographic characteristics, diagnosis, treatment, and the survival of cancer patients. Consequently, as the Registry adds more and more cases, it becomes an increasingly valuable resource for meeting this demand.

In an effort to preclude duplicate reporting under the state's reportable disease law, the Registry makes possible the elimination of the Cancer Morbidity Reporting System in participating hospitals. Since January, 1972, pathologists in member hospitals have been exempt from reporting cases of cancer that are reported in the Registry system.

The Registry also sponsors an annual Cancer Registry Symposium. Liaison physicians and cancer registrars from all of the local cancer registries in North Carolina are invited. Lectures are given by the state's cancer authorities on specific types and sites of cancer and panel discussions are held which allow participants to review the cancer programs at their hospitals and to discuss problems. Abstracting and follow-up workshops are also provided for the registrars.

Currently, 21 hospitals are actively participating in the Registry, including the state's three medical centers. It has been estimated that 80% of the cancer cases in North Carolina are seen at Registry hospitals. Although the Registry cannot provide statewide cancer incidence data, it does provide a good sample of the state's cancer experience.

This year's Annual Report is composed of four sections. Section I, written by Dr. Joseph A. Buckwalter, provides a study of cancer of the large intestine. All of the cases came from the Registry so this section is a good example of what the Registry can provide. Section II deals with the utilization of the Central Registry. Section III contains the annual and cumulative tables for the total Registry experience. The final section, available only to participating hospitals, is composed of the annual and cumulative tables for individual hospitals.

Two Committees exist to provide the staff of the North Carolina Cancer Registry with expert advice and guidance. A five member Executive Committee provides medical and statistical consultation on the Cancer experience in North Carolina. A larger Advisory Committee is composed of the liaison physician from each of the participating local hospital cancer registries. Input from this Committee enables the Cancer Registry to be more responsive to local needs.

EXECUTIVE COMMITTEE

Joseph A. Buckwalter, M.D., Chairman
John A. Brabson, M.D.
Gary G. Koch, Ph.D.
James F. Newsome, M.D.
William M. O'Fallon, Ph.D.
Charles L. Spurr, M.D.

ADVISORY COMMITTEE (LIAISON PHYSICIANS) AND LOCAL CANCER REGISTRARS

Cabarrus Memorial Hospital
  J. O. Williams, M.D.

Carteret General Hospital
  Charles P. Nicholson, M.D.
  Miss Donna Hardy

Catawba Memorial Hospital
  Thomas W. Brooks, M.D.
  Mrs. Brenda Martin

Charlotte Memorial Hospital
  Harold Hamit, M.D.
  Mrs. June Panzer

Chowan Hospital
  Landis Voigt, M.D.
  Mrs. Helen Shean

Cleveland Memorial Hospital
  Avery McMurry, M.D.
  Mrs. Mary Frances Elliott

Craven County Hospital
  James N. Blackerby, M.D.
  Mrs. Doris Garner

Cumberland County Hospital Authority
  Charles Wells, M.D.
  Mrs. Betty Lou Whitman

Duke Hospital
  Saleh A. Fetouh, M.D.
  Mrs. Lou Woods

Edgecombe General Hospital
  James M. Kelsh, M.D.
  Mrs. Joyce Winchester

Forsyth Memorial Hospital
  Thomas N. Lide, M.D.
  Mrs. Wanda Manuel

Grace Hospital, Inc.
  John Giles, M.D.
  Mrs. Nelma Kennedy

Memorial Mission Hospital
  Harry H. Summerlin, Jr., M.D.
  Mrs. Ellita Ward

Moore Memorial Hospital
  Charles A. Phillips, M.D.
  Miss Carol Thrower

New Hanover Memorial Hospital
  Lockert Mason, M.D.
  Mrs. Katherine Watts

N. C. Baptist Hospital
  Charles L. Spurr, M.D.
  Mrs. Brenda Hippert

N. C. Memorial Hospital
  James F. Newsome, M.D.
  Miss Jean Burnette

Onslow Memorial Hospital
  Charles Streeter, M.D.
  Mrs. Del Murphy

Pitt County Memorial Hospital
  Howard Gradis, M.D.
  Mrs. Pattye Brown

Valdese General Hospital
  E. R. White, M.D.
  Mrs. Sarah Hedrick

V. A. Hospital
  R. W. Postlethwait, M.D.
  Mrs. Betty Howell

Wake County Memorial Hospital
  Laurin J. Kaasa, M.D.
  Mrs. Margaret Pipkin

Watts Hospital
  James Davis, M.D.
  Mrs. Blanche Sellars

SECTION I

CANCER
OF THE
LARGE INTESTINE

CANCER OF THE LARGE INTESTINE

Joseph A. Buckwalter, M.D.

This report is based upon 2,503 cases of large bowel malignancy accessed by the North Carolina Central Cancer Registry by December, 1974. The patients were seen in 25 North Carolina hospitals which have participated in the Registry. The primary site, stage, and histologic type of the malignant neoplasms are reported as well as the sex, race, and age of the patients. The methods of treatment and survival data for these cases are also reported. The ratios and percentages shown in the following tables and figures and elucidated in the narrative below should be interpreted with care. Small numbers of events may be associated with large chance fluctuations in the ratios and percentages.

Primary Sites

Figure 1 indicates the number of cases of cancer occurring at the various primary sites in the large intestine. In addition to the seven primary sites listed, there were 256 cases (10.0%) of large bowel neoplasms in which the primary site was unspecified. Of the neoplasms in which the primary site was specified, less than two-thirds (64.4%) were located in the segment below the junction of the descending and sigmoid colon within reach of the sigmoidoscope. This is a lower percentage than is generally reported. Our actual incidence of neoplasms in the sigmoid, rectal, and anal areas was probably lower than reported since a relatively greater number of the 256 patients in which the primary site was not indicated most likely had neoplasms in the colon proximal to the sigmoid colon. This is related to the greater ease and precision of the diagnosis of neoplasms below the level of the descending colon.

Stage of Neoplasm at Diagnosis

In Table 1 are recorded the percentages of patients of each primary site with local (limited to bowel wall), regional (extension to regional lymph nodes), and distant (extension to distant sites, i.e. liver, lungs, etc.) stages of the malignancy at the time of diagnosis. Note that transverse colon neoplasms were diagnosed at an earlier stage and cecum-ascending colon neoplasms at a later stage than any of the other sites. The differences, except for the neoplasms in which the primary site was not specified, are unimpressive. The much later diagnosis of the unspecified sites is impressive, i.e. 38.8% had distant extension at diagnosis compared with 24.2% of sigmoid colon neoplasms, the primary site with the second highest distant extension at diagnosis.

Histology

Coding of neoplasms was in accordance with the *Manual of Tumor Nomenclature and Coding*, American Cancer Society, 1968. The five most common histologic codes were:

1. Adenocarcinoma, 1,928 cases, 77.0%
2. Colloid carcinoma, 102 cases, 4.1%
3. Recurrent adenocarcinoma, 64 cases, 2.6%
4. Adenocarcinoma in situ, 36 cases, 1.5%
5. Papillary adenocarcinoma, 33 cases, 1.3%

There were 28 patients with carcinoid, 26 with squamous cell carcinoma--all in either the rectum or anal canal, 6 with leiomyosarcoma, and one each with lymphoblastic lymphosarcoma and reticulum cell sarcoma.

Age, Sex, and Race

The mean ages of men and women according to primary site are recorded in Table 2. The mean ages range from a low of 55.8 years for male patients with anal canal neoplasms to a high of 65.8 years for female patients with transverse colon malignancies. In four of the seven primary sites of intestinal cancer, women were one to four years older than men at the time of diagnosis. In none of the other primary sites were men notably older than women.

The ratio of men to women is also indicated in Table 2. More women had cancer of the large intestine in all primary sites except the rectum. The greater number of women was most noticeable in cancer of the anal canal--17 women and only 4 men.

Table 3 illustrates the percentages of male and female patients for each primary site by race. The nonwhite group is composed chiefly of blacks, with decreasing percentages of Indians, Orientals, and Latin Americans. There were approximately four times as many white as nonwhite cases. There is no evidence of an association of race to primary sites of the large bowel neoplasms.

Treatment

In Figure 2 are recorded the percentage of patients who had curative, palliative or no operations. Curative operations involved resection of a part or all of the colon or all of the rectum and anus. Local resection of neoplasm, colostomy, and colon or small bowel bypass are examples of palliative operations. Most of the patients reported as having no operations, (26.2%), did have a biopsy since in only 7.5% of the cases was there no microscopic confirmation of the clinical diagnosis. Of the 656 patients who had no operation, 383 (58.4%), had no treatment, 134 (20.4%) were treated with chemotherapy, 89 (13.6%) with radiation, 21 (3.2%) with chemotherapy and radiation therapy, and 29 (4.4%) with other methods. Note that the percentage of curative operations is highest in the proximal large bowel and lowest in the distal large bowel starting with 75.9% for the cecum-ascending colon site, reaching 66.9% for the rectosigmoid colon and then dropping off sharply to 50.5% for the rectum and 33.4% for anal canal cancer.

Survival

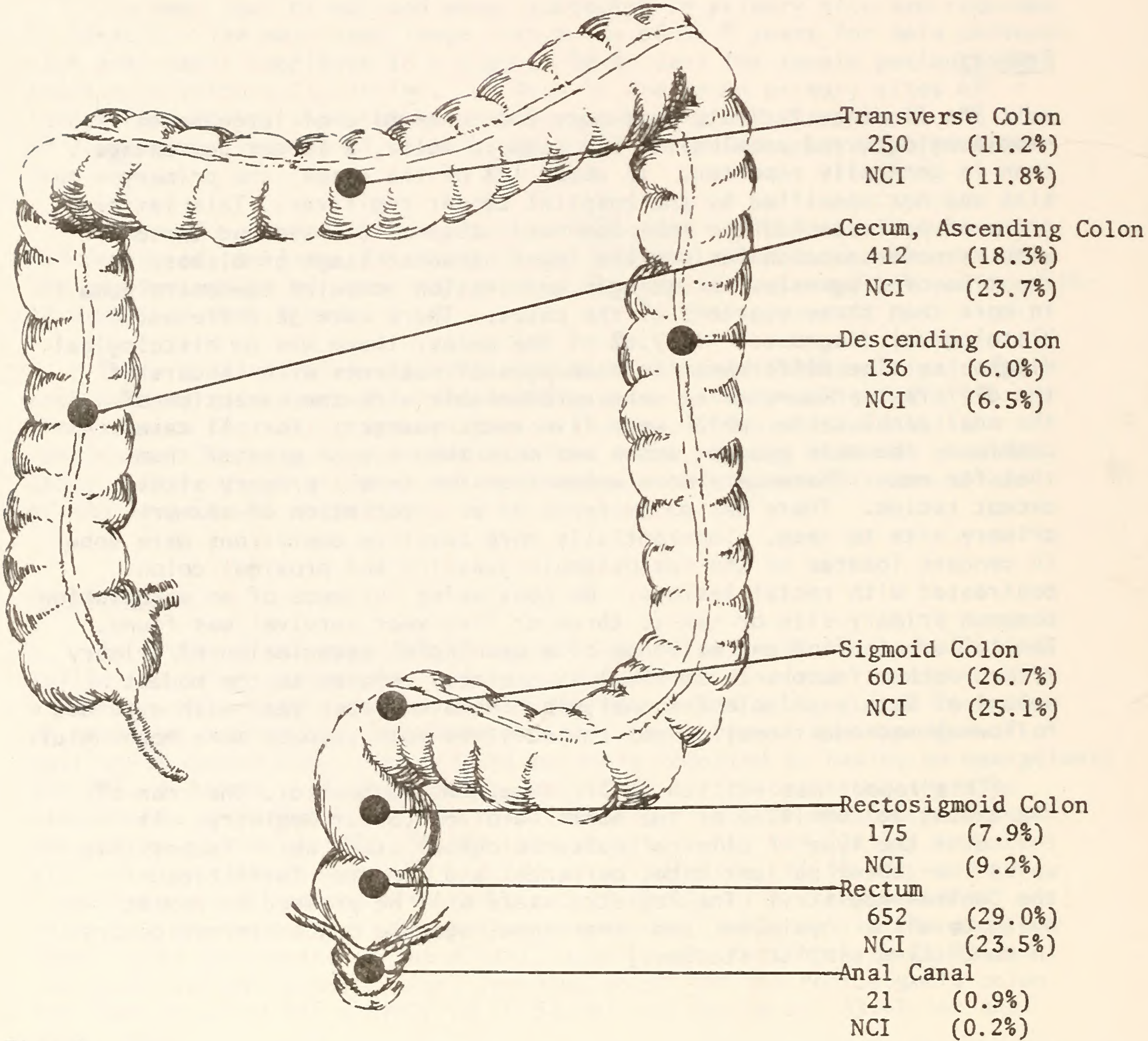
In Table 4 the relative three and five year survival rates of male and female patients by primary site are shown. The relative survival is obtained by correcting the observed survival for those patients lost to follow-up and those dying of causes other than cancer. Since more patients have been followed for three years than five years, the three year data are more meaningful. Also there is a direct relationship between the number of cases and the meaning of the data, that is, the survival findings for sigmoid colon and rectal neoplasms are more meaningful than those for anal canal, descending and rectosigmoid colon because they are based on a greater number of cases.

Summary

The findings indicate that more than one-third of large bowel neoplasms occurred proximal to the sigmoid colon, a larger percentage than is generally reported. In about 10% of the cases, the primary site was not specified by the hospital cancer registrar. This latter group of patients had the most advanced stage of disease and those with transverse colon lesions the least advanced stage of disease at the time of diagnosis. Histologic examination revealed adenocarcinoma in more than three-quarters of the cases. There were 32 different histological diagnoses. In 7.6% of the cases, there was no histological diagnosis. The differences in mean ages of patients with cancers of the different primary sites were unremarkable with the exception of the anal canal cases, which were five years younger. For all cases combined, the mean age for women was more than a year greater than that for men. There were more women than men in all primary sites except rectum. There was no evidence of an association of sex or primary site to race. Substantially more curative operations were done in cancers located at the rectosigmoid junction and proximal colon contrasted with rectal lesions. No convincing evidence of an association between primary site or sex to three or five year survival was found. The failure to find any evidence of a meaningful association of primary site or other factors to survival is probably related to the modest amount of data available for analysis. However, each year with extended follow-up and additional cases, the survival data becomes more meaningful.

[This report was written by Dr. Joseph A. Buckwalter, Chairman of the Executive Committee of the North Carolina Cancer Registry. It indicates the type of clinical epidemiological study which is possible using the cancer patient data, personnel and computer facilities of the Central Registry. The Registry staff will be pleased to assist North Carolina physicians and other knowledgeable cancer investigators in conducting similar studies.]

CANCER OF LARGE INTESTINE
PRIMARY SITES



Large bowel, site not specified
256 (10.0%)

Fig. 1

Source: 2,503 unduplicated cancer cases of the large intestine accessed to the Central Registry 1968-1973.
26,650 cases Third End Result Study-NCI.

STAGE OF DISEASE AT DIAGNOSIS
FOR EACH PRIMARY SITE

PRIMARY SITE	NO. PATIENTS	PERCENT LOCAL	PERCENT REGIONAL	PERCENT DISTANT
Cecum-Ascending Colon	412	45.1	32.8	22.1
Transverse Colon	250	54.6	26.2	19.2
Descending Colon	136	48.5	30.2	21.3
Sigmoid Colon	601	49.8	26.0	24.2
Recto-sigmoid	175	53.1	25.2	21.7
Rectum	652	53.3	23.3	23.4
Anal Canal	21	52.4	23.8	23.8
Not Specified	256	36.0	25.5	38.8

Table 1

MEAN AGE AND CASE RATIO BY SEX FOR EACH PRIMARY SITE

PRIMARY SITE	NO. PATIENTS	MALE MEAN AGE	FEMALE MEAN AGE	CASE RATIO MEN TO WOMEN
Cecum-Ascending Colon	412	64.0	65.1	0.90 to 1.00
Transverse Colon	250	61.8	65.8	0.84 to 1.00
Descending Colon	136	63.8	63.5	0.97 to 1.00
Sigmoid Colon	601	63.9	64.5	0.94 to 1.00
Recto-sigmoid	175	61.6	61.6	0.77 to 1.00
Rectum	652	61.2	65.0	1.26 to 1.00
Anal Canal	21	55.8	59.8	0.24 to 1.00
Not Specified	256	62.3	64.2	0.73 to 1.00

Table 2

PERCENTAGE OF PATIENTS BY SEX AND RACE FOR EACH PRIMARY SITE

		MALE		FEMALE	
PRIMARY SITE	NO. PATIENTS	PERCENT WHITE	PERCENT NONWHITE	PERCENT WHITE	PERCENT NONWHITE
Cecum-Ascending Colon	412	.80	.20	.82	.18
Transverse Colon	250	.78	.22	.78	.22
Descending Colon	136	.78	.22	.76	.24
Sigmoid Colon	601	.81	.19	.83	.17
Recto-sigmoid	175	.85	.15	.82	.18
Rectum	652	.77	.23	.77	.23
Anal Canal	21	.50	.50	.82	.18
Not Specified	256	.83	.17	.78	.22

Table 3

OPERATIONS: CURATIVE, PALLIATIVE, NONE

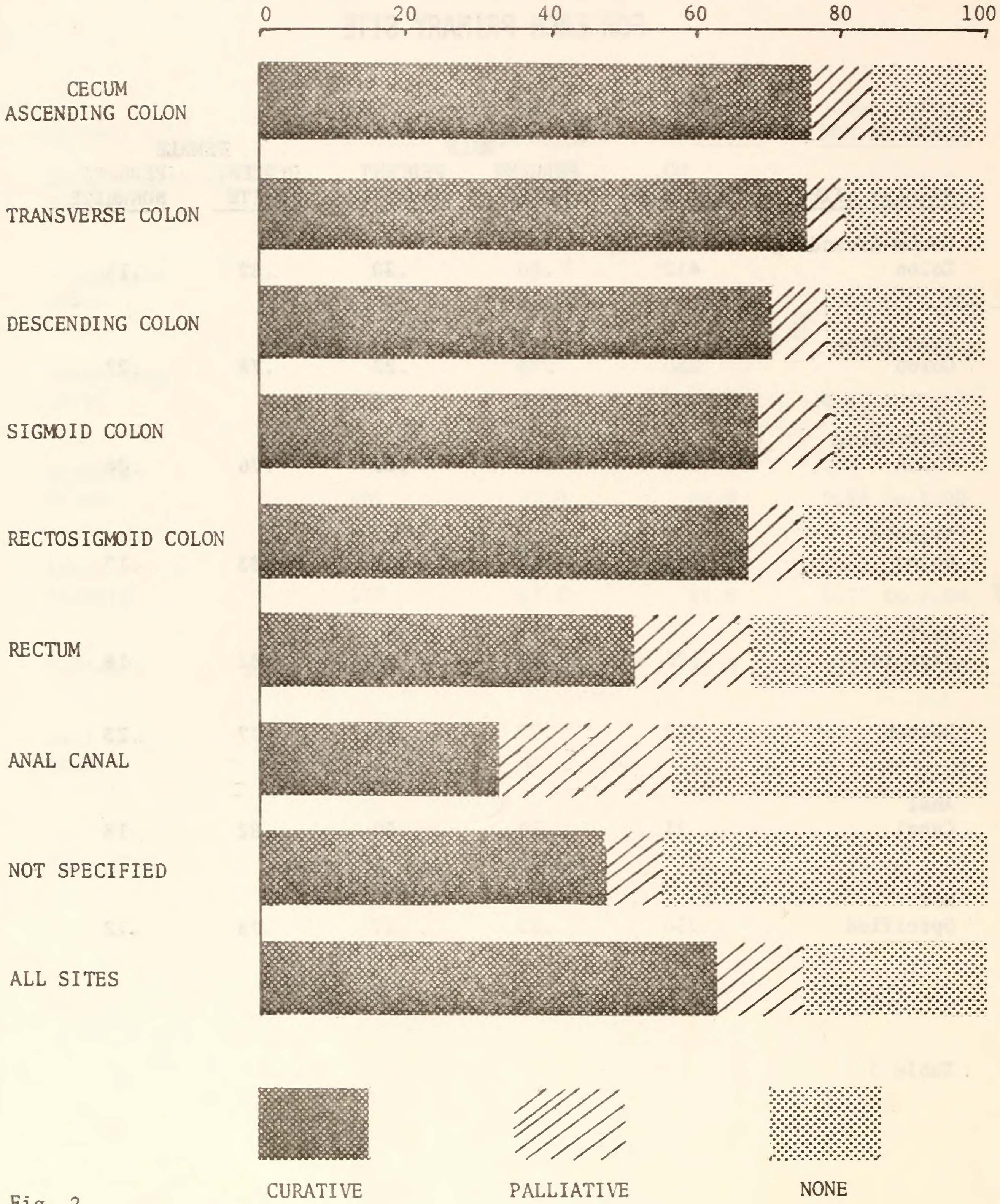


Fig. 2

THREE AND FIVE YEAR RELATIVE SURVIVAL
OF MEN AND WOMEN BY PRIMARY SITE

PRIMARY SITE	CASES	PERCENT 3 YEAR RELATIVE SURVIVAL	PERCENT 5 YEAR RELATIVE SURVIVAL
Cecum-Ascending Colon			
Male	195	0.492	0.448
Female	217	0.608	0.575
Transverse Colon			
Male	114	0.453	0.444
Female	136	0.634	0.493
Descending Colon			
Male	67	0.714	0.363
Female	69	0.382	0.163
Sigmoid Colon			
Male	292	0.543	0.444
Female	309	0.516	0.291
Rectosigmoid Colon			
Male	76	0.672	0.495
Female	99	0.662	0.503
Rectum			
Male	364	0.467	0.388
Female	288	0.519	0.372
Anal Canal			
Male	4	0.801	0.870
Female	17	0.361	0.377
Not Specified			
Male	108	0.510	0.495
Female	148	0.468	0.434

Table 4

SECTION II

UTILIZATION
OF THE
REGISTRY

UTILIZATION OF THE CENTRAL REGISTRY

The Cancer Registry is an extremely valuable resource in cancer research and program planning. A central registry is particularly useful because cancer data generated by individual hospitals is often too small to be statistically reliable. Also, through data processing, rapid tabulation and analysis of cancer data can be provided to the participating hospitals.

The staff of the Cancer Registry welcomes special requests for cancer data. This data is provided free of charge. Such requests, preferably in writing, should be directed to:

Cancer Program Manager
P. O. Box 2091
Raleigh, N. C. 27602

The following list of special requests received during the last two years serves as an example of the kind of data the Registry can provide.

SPECIAL REQUESTS

1. List of Craven and Johnston county residents with cervical cancer showing hospital and file number, 1972 cases.
2. List of selected cases from N. C. Memorial Hospital, alphabetical within site.
3. Surgical procedures by stage of disease for cancer of the breast, 1968-1972 by year and total 5-year experience for Watts Hospital and the total registry.
4. Analysis of year of diagnosis versus year of death for cancer of the cervix.
5. List of cases from Duke Hospital, 1968-1970, by site within year.
6. List of selected sites by hospital.
7. List of N. C. Memorial leukemia cases, 1968-1972.
8. List of pleura and peritoneum cases who died during 1972.
9. Surgical procedures for patients with cancer of the pancreas, 1968-1972.
10. List of patients with cancer of the breast diagnosed during 1972.

11. List of Durham County residents by year of diagnosis and hospital, 1968-1972.

12. List of cases from Duke by site within years, 1971-1972.

13. List of cases treated with chemotherapy by hospital and year of discharge, 1968 to present.

14. Analysis of cases of breast cancer by age, race, present status, and year of discharge.

15. Age and month of diagnosis for cases of breast cancer receiving radical mastectomies, Duke, 1971-1972; total Registry 1968-1972.

16. Number of cases reporting chemotherapy for selected sites by year, 1970-1972.

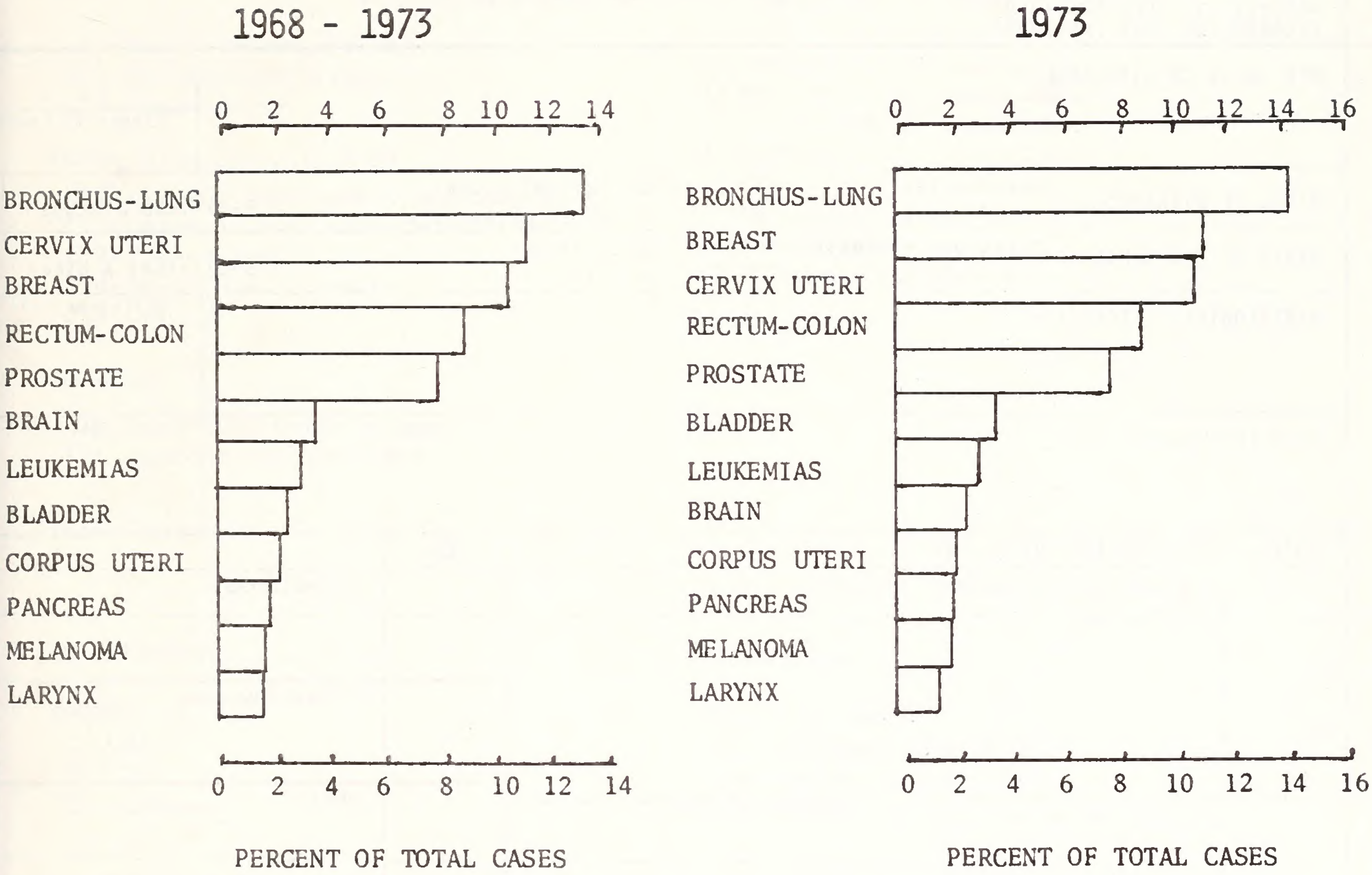
17. Number of cases of breast cancer by year of diagnosis and race.

18. List of cases of breast cancer receiving mastectomies at Onslow Memorial Hospital.

Figure 3 illustrates the twelve leading sites reported to the Registry in 1968-73 and the single year 1973. As can be seen in both graphs, bronchus-lung is the most common site reported. Cancer of the breast and cervix uteri were the second and third most common sites reported for 1973, a reversal in position from the 1968-73 data.

Also included in this section are copies of the abstract and follow-up forms used by the Cancer Registry. These documents indicate the type of information sent to the Cancer Registry on each case recorded by the registrars at the participating hospitals.

LEADING PRIMARY SITES REPORTED TO NORTH CAROLINA CANCER REGISTRY



Based on 28,882
unduplicated cases

Based on 5,850
unduplicated cases

Fig. 3

CANCER REGISTRY ABSTRACT

Division of Health Services
P.O. Box 2091, Raleigh, N. C. 27602

PATIENT

NAME: Last | First | Middle | Maiden

Social Security Number

ADDRESS: Street No./RFD | City | County | State

Hospital File Number

PLACE OF BIRTH: County | State

DATE OF BIRTH: Month | Day | Year

Name of Hospital

AGE:

RACE: ☐ 1-white ☐ 3-Indian ☐ 2-Negro ☐ 4-other

SEX: ☐ 1-male ☐ 2-female

STATUS OF MENOPAUSE: ☐ 1-premenopause ☐ 2-postmenopause

EDUCATION: (circle highest grade completed)

	elementary	high school	college
	0 1 2 3 4 5 6 7 8	1 2 3 4	1 2 3 4 or 5+

DATE OF ADMISSION: Month | Day | Year

DATE OF DISCHARGE: Month | Day | Year

HISTORY

HOW LONG HAS PATIENT HAD THESE SYMPTOMS: no. of months ______ ☐ no symptoms ☐ unknown

WAS THIS CANCER POSITIVELY DIAGNOSED BEFORE THIS ADMISSION: ☐ 0-No ☐ 1-Yes If Yes, specify where and date

HAS PATIENT BEEN PREVIOUSLY TREATED FOR THIS CANCER: ☐ 0-No ☐ 1-Yes If Yes, specify where and date

DIAGNOSIS

DIAGNOSIS ON DISCHARGE:

Date of Initial Diag

Diagnosis Code(ICD

STAGE OF DISEASE: ☐ 1-in situ ☐ 2-locally invasive ☐ 3-regional nodes ☐ 4-remote metastasis ☐ 5-diffuse disease

BASIS OF DIAGNOSIS: ☐ 1-gross autopsy ☐ 2-histology ☐ 3-cytology ☐ 4-X ray ☐ 5-clinical & other

HISTOLOGICAL DIAGNOSIS:

Histology Code (A

EXFOLIATIVE CYTOLOGY:

Cytology Code

COURSE OF TREATMENT

DATE	TREATMENT, DESCRIBE:	DATE	
	☐ Surgery (All procedures, including biopsy)		☐ Chemotherapy
			☐ Steroid/Hormone
			☐ Other
	☐ Pre-Operative Radiation		☐ No Treatment (specify reason)
	☐ Post-Operative Radiation		☐ Patient Refused

CONDITION ON DISCHARGE

PATIENT ALIVE: ☐ 1-no evidence of cancer ☐ 2-not free of cancer

PATIENT DEAD: ☐ 5-initial cancer ☐ 6-other, cancer present ☐ 7-other, free of cancer

IF DEAD, DATE: Month | Day | Year

AUTOPSY ☐ 0-no ☐ 1-yes ☐ 9-unknown

Name of person submitting report

Name of attending physician

Date of report

DHS Form 1064 Rev. 3/71
Chronic Disease

ANNUAL FOLLOW-UP REPORT TO DETERMINE SURVIVAL OF CANCER REGISTRY PATIENTS

e of Patient: File No.: Birthdate:

: Sex: Diagnosis Code (ICDA): Year Discharged:

ician: Date of last reported contact:

* *

ician: please complete and
rn to:

Cancer Registrar: please return within 30 days to:

CENTRAL CANCER REGISTRY
DIVISION OF HEALTH SERVICES
P.O. BOX 2091
RALEIGH, N. C. 27602

Status:

☐ 1—Without evidence of cancer
☐ 2—With persistence of cancer
☐ 3—Status unknown

Quality of survival, due to cancer:

☐ 1—Capable of normal activity, asymptomatic
☐ 2—Capable of normal activity, symptomatic
☐ 3—Unable to work
☐ 4—Severely disabled, terminal
☐ 9—Unknown

Disposition:

☐ 0—No additional therapy indicated
☐ 1—Additional therapy indicated

Date of last contact: __ __ /__ __ /__ __

Treatment since date of last reported contact:

	Date	Codes	
☐ Surgery	________	______	______
☐ Radiation	________		
☐ Chemotherapy	________		
☐ Hormones	________		
☐ Other	________		
☐ None			
☐ Patient refused	________		
☐ Unknown			

Description:

Date of death: __ __ /__ __ /__ __

Autopsy:

☐ 0—No
☐ 1—Yes
☐ 9—Unknown

Cause of death:

☐ 5—Initial cancer
☐ 6—Other cause, cancer present
☐ 7—Other cause, free of cancer
☐ 9—Unknown

If this patient is no longer under your care, please provide name and address of physician or hospital presently caring for patient or patient's present address.

IF YOU ARE UNABLE TO COMPLETE THIS REPORT, MAY WE HAVE YOUR SIGNATURE BELOW AUHORIZING US TO QUERY THE PATIENT OR NEAREST OF KIN TO OBTAIN THIS INFORMATION FOR OUR ECORDS.

____
Authorization

____
Signature of cancer registrar

DHS Form 1956 (Rev. 3/74) N.C. DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH SERVICES

SECTION III

TOTAL
REGISTRY
EXPERIENCE

1973 COMBINED HOSPITAL REPORT

The following report is a detailed summary of the 1973 cancer cases accessed to the Registry from participating hospitals. The 5,850 unduplicated cases represents a 14.4% increase over the number of cases reported in 1972.

The number of cases is indicated by primary site, race, sex, mean age, the number and percentage of cases in which the diagnosis was microscopically confirmed, stage, course of treatment, and condition on discharge.

Hospital staff members wishing to compare in detail any portion of their individual hospital cancer experience with this report are encouraged to request appropriate data from the Cancer Registry. Requests should be channeled through the hospital's liaison physician or cancer registrar.

CASES ACCESSED TO NORTH CAROLINA CANCER REGISTRY

TOTAL REGISTRY HOSPITALS, 1973

PRIMARY SITE	TOTAL	RACE AND SEX					MEAN AGE	HISTOLOGICAL DIAGNOSES	
		WM	NWM	WF	NWF	UNK		NUMBER	PERCENT
TOTAL, ALL SITES	5850	2261	648	2163	670	108	57.1	5206	89.0
BUCCAL CAVITY AND PHARYNX	253	139	31	62	16	5	61.1	249	98.4
140 LIP	40	34	1	4	1	0	56.6	40	100.0
141 TONGUE	41	17	9	9	5	1	61.0	39	95.1
142 SALIVARY GLAND	20	6	1	9	4	0	60.8	20	100.0
143-149 OTHER BUCCAL	152	82	20	40	6	4	62.3	150	98.7
DIGESTIVE ORGANS AND PERITONEUM	958	393	140	318	93	14	62.9	853	89.0
150 ESOPHAGUS	117	51	42	15	6	3	62.7	106	90.6
151 STOMACH	128	59	27	31	10	1	64.7	110	85.9
152 SMALL INTESTINE, INCLUDING DUODENUM	7	2	1	3	0	1	64.3	6	85.7
153 LARGE INTESTINE, EXCEPT RECTUM	355	137	28	149	37	4	63.2	332	93.5
154 RECTUM & RECTOSIGMOID JUNCTION	159	64	16	57	21	1	62.3	149	93.7
155 LIVER & INTRAHEPATIC BILE DUCTS	25	10	2	10	3	0	54.5	18	72.0
156 GALLBLADDER AND BILE DUCTS	28	6	0	17	5	0	65.2	24	85.7
157 PANCREAS	127	62	23	28	10	4	64.0	96	75.6
158,159 OTHER DIGESTIVE	12	2	1	8	1	0	47.8	12	100.0
RESPIRATORY SYSTEM	960	622	187	103	20	28	60.5	749	78.0
161 LARYNX	100	70	21	5	3	1	59.2	100	100.0
162 TRACHEA, BRONCHUS, & LUNG	837	539	161	93	17	27	60.7	627	74.9
160,163 OTHER RESPIRATORY	23	13	5	5	0	0	57.6	22	95.7
BONE, CONNECTIVE TISSUE, SKIN, & BREAST	869	92	7	620	132	18	55.0	833	95.9
170 BONE	27	14	2	8	3	0	34.0	23	85.2
171 CONNECTIVE & OTHER SOFT TISSUE	42	20	4	15	2	1	45.7	41	97.6
172 MELANOMA OF SKIN	119	53	0	60	3	3	49.3	115	96.6
174 BREAST	681	5	1	537	124	14	57.4	654	96.0
FEMALE GENITAL ORGANS	934	0	0	622	295	17	47.8	881	94.3
180 CERVIX UTERI	627	0	0	371	248	8	42.9	587	93.6
182.0 CORPUS UTERI	149	0	0	124	17	8	62.1	142	95.3
183 OVARY, FALLOPIAN TUBE, BROAD LIGAMENT	103	0	0	85	17	1	53.6	99	96.1
181,182.9,184 OTHER FEMALE GENITAL	55	0	0	42	13	0	54.3	53	96.4
MALE GENITAL ORGANS	486	335	150	0	0	1	66.4	436	89.7
185 PROSTATE	437	295	141	0	0	1	69.6	387	88.6
186,187 OTHER MALE GENITAL	49	40	9	0	0	0	37.6	49	100.0
URINARY ORGANS	344	199	36	87	20	2	60.9	317	92.2
188 BLADDER	212	125	22	53	10	2	63.9	203	95.8
189.0 KIDNEY, EXCEPT PELVIS	105	60	13	24	8	0	54.3	89	84.8
189.1,189.2,189.9 OTHER URINARY	27	14	1	10	2	0	63.1	25	92.6
OTHER AND UNSPECIFIED SITES	510	234	45	170	47	14	53.2	422	82.7
190 EYE	8	3	1	4	0	0	53.5	8	100.0
191,192 BRAIN & NERVOUS SYSTEM	179	88	9	59	10	13	47.5	151	84.4
193 THYROID GLAND	68	17	1	39	11	0	44.4	65	95.6
194 OTHER ENDOCRINE GLANDS	26	12	5	7	2	0	43.6	18	69.2
195,199 ILL-DEFINED & UNSPECIFIED SITES	229	114	29	61	24	1	61.3	180	78.6
LYMPHATIC AND HEMATOPOIETIC TISSUE	536	247	52	181	47	9	51.5	466	86.9
201 HODGKINS DISEASE	84	35	6	32	9	2	38.9	76	90.5
203 MULTIPLE MYELOMA	69	22	14	18	14	1	64.2	48	69.6
204-207 LEUKEMIAS	188	103	11	63	9	2	47.6	159	84.6
200,202,208,209 OTHER LYMPHATIC	195	87	21	68	15	4	56.4	183	93.8

TOTAL REGISTRY HOSPITALS, 1973

STAGE OF DISEASE						TREATMENT							CONDITION ON DISCHARGE		
													ALIVE		
IN SITU	LOC INV	REG NODES	REM MET	DIFF DIS	UNK	SURGERY	RAD	CHEMO	HORM	S&R	OTH COMB	NONE	NO EVID	NOT FREE	DEAD
445	2145	1402	1300	452	22	2236	1017	314	121	441	804	917	2020	3327	503
8	108	100	37	0	0	109	68	10	0	33	4	29	116	127	10
4	32	3	1	0	0	35	2	1	0	2	0	0	38	2	0
0	15	17	9	0	0	15	17	1	0	6	0	2	17	22	2
0	9	7	4	0	0	11	3	0	0	3	0	3	10	10	0
4	52	73	23	0	0	48	46	8	0	22	4	24	51	93	8
23	317	304	313	0	1	446	94	77	7	21	62	251	269	548	141
0	46	35	36	0	0	17	55	0	1	17	1	26	17	82	18
1	20	52	55	0	0	52	4	14	0	2	5	51	15	86	27
0	5	2	0	0	0	5	0	0	0	0	1	1	3	4	0
11	138	107	99	0	0	240	6	37	1	0	34	37	150	177	28
11	70	37	41	0	0	103	18	3	0	2	11	22	74	74	11
0	7	8	10	0	0	2	0	5	1	0	2	15	1	15	9
0	5	12	11	0	0	10	1	1	0	0	0	16	3	17	8
0	24	48	54	0	1	11	8	17	4	0	6	81	3	84	40
0	2	3	7	0	0	6	2	0	0	0	2	2	3	9	0
3	298	348	310	0	1	206	370	30	10	81	62	201	160	702	98
3	63	29	5	0	0	34	34	0	0	21	1	10	49	48	3
0	224	312	300	0	1	168	326	29	10	59	60	185	107	637	93
0	11	7	5	0	0	4	10	1	0	1	1	6	4	17	2
27	375	277	190	0	0	476	72	33	22	97	117	52	481	365	23
0	15	4	8	0	0	9	6	1	0	2	1	8	10	17	0
1	21	8	12	0	0	15	6	7	0	5	5	4	19	21	2
11	64	18	26	0	0	76	4	9	0	1	18	11	75	41	3
15	275	247	144	0	0	376	56	16	22	89	93	29	377	286	18
367	341	132	94	0	0	457	237	30	4	69	55	82	559	362	13
346	158	99	24	0	0	367	186	0	0	14	9	51	433	189	5
10	117	6	16	0	0	46	34	3	2	42	7	15	75	74	0
2	37	17	47	0	0	22	6	23	2	11	32	7	22	74	7
9	29	10	7	0	0	22	11	4	0	2	7	9	29	25	1
9	306	67	104	0	0	159	29	7	61	20	159	51	154	294	38
7	279	56	95	0	0	138	27	4	61	6	151	50	129	271	37
2	27	11	9	0	0	21	2	3	0	14	8	1	25	23	1
4	208	75	56	0	1	215	31	7	2	37	19	33	158	165	21
3	152	42	14	0	1	142	17	4	0	25	4	20	110	90	12
0	42	26	37	0	0	56	10	3	2	10	15	9	36	61	8
1	14	7	5	0	0	17	4	0	0	2	0	4	12	14	1
4	192	99	196	0	19	150	62	34	1	55	67	141	84	342	84
0	7	0	1	0	0	5	1	0	0	1	1	0	5	3	0
4	125	38	12	0	0	66	17	5	0	30	33	28	22	130	27
0	39	21	8	0	0	43	3	0	0	6	3	13	43	21	4
0	17	7	2	0	0	6	4	0	0	3	8	5	12	11	3
0	4	33	173	0	19	30	37	29	1	15	22	95	2	177	50
0	0	0	0	452	0	18	54	86	14	28	259	77	39	422	75
			*SEE BELOW			3	20	3	3	11	32	12	11	68	5
0	0	0	0	69	0	1	2	4	3	0	53	6	1	62	6
0	0	0	0	188	0	1	6	57	6	0	83	35	11	131	46
0	0	0	0	195	0	13	26	22	2	17	91	24	16	161	18

*THE TOTAL STAGE OF DISEASE BREAKDOWN DOES NOT INCLUDE CASES OF HODGKIN'S DISEASE, WHICH ARE STAGED ACCORDING TO CLINICAL CLASSIFICATION.

STAGE	NUMBER	STAGE	NUMBER
1	14	7	4
3	18	8	21
4	5	UNK	9
5	3		
6	10		

1968-1973 COMBINED HOSPITAL REPORT

The following report represents a detailed summary of all the cases accessed to the Cancer Registry from its beginning in 1968 through 1973.

The number of cases is indicated by primary site, race, sex, mean age, number and percentage of cases in which diagnosis was microscopically confirmed, stage, course of treatment, and condition on discharge.

CASES ACCESSED TO NORTH CAROLINA CANCER REGISTRY

TOTAL REGISTRY HOSPITALS, 1968 - 1973

PRIMARY SITE	TOTAL	RACE AND SEX					MEAN AGE	HISTOLOGICAL DIAGNOSES	
		WM	NWM	WF	NWF	UNK		NUMBER	PERCENT
TOTAL, ALL SITES	28882	11348	3290	10746	3359	139	56.7	25709	89.0
BUCCAL CAVITY AND PHARYNX	1493	819	203	384	81	6	59.8	1453	97.3
140 LIP	163	140	3	16	4	0	57.9	160	98.2
141 TONGUE	253	128	47	63	14	1	59.4	242	95.7
142 SALIVARY GLAND	135	47	15	53	20	0	57.0	134	99.3
143-149 OTHER BUCCAL	942	504	138	252	43	5	60.6	917	97.3
DIGESTIVE ORGANS AND PERITONEUM	4514	1808	686	1532	467	21	62.9	3945	87.4
150 ESOPHAGUS	484	208	158	78	37	3	60.7	429	88.6
151 STOMACH	559	240	146	117	55	1	64.0	485	86.8
152 SMALL INTESTINE, INCLUDING DUODENUM	71	31	6	25	8	1	60.3	63	88.7
153 LARGE INTESTINE, EXCEPT RECTUM	1661	623	151	708	173	6	64.1	1502	90.4
154 RECTUM & RECTOSIGMOID JUNCTION	810	336	89	300	82	3	62.5	752	92.8
155 LIVER & INTRAHEPATIC BILE DUCTS	125	50	26	34	15	0	56.6	97	77.6
156 GALLBLADDER AND BILE DUCTS	127	38	7	65	17	0	63.7	114	89.8
157 PANCREAS	613	261	97	178	71	6	63.2	444	72.4
158,159 OTHER DIGESTIVE	64	21	6	27	9	1	55.6	59	92.2
RESPIRATORY SYSTEM	4620	3123	839	513	114	31	59.8	3692	79.9
161 LARYNX	564	424	99	32	7	2	59.5	549	97.3
162 TRACHEA, BRONCHUS, & LUNG	3880	2606	703	447	95	29	59.9	2985	76.9
160,163 OTHER RESPIRATORY	176	93	37	34	12	0	56.6	158	89.8
BONE, CONNECTIVE TISSUE, SKIN, & BREAST	4014	532	69	2811	578	24	54.5	3752	93.5
170 BONE	194	93	29	50	22	0	36.8	176	90.7
171 CONNECTIVE & OTHER SOFT TISSUE	258	120	25	88	24	1	48.4	253	98.1
172 MELANOMA OF SKIN	606	294	9	288	11	4	50.2	578	95.4
174 BREAST	2956	25	6	2385	521	19	57.0	2745	92.9
FEMALE GENITAL ORGANS	4831	0	0	3239	1573	19	48.3	4625	95.7
180 CERVIX UTERI	3322	0	0	1975	1338	9	44.1	3185	95.9
182.0 CORPUS UTERI	701	0	0	589	104	8	60.4	676	96.4
183 OVARY, FALLOPIAN TUBE, BROAD LIGAMENT	512	0	0	439	72	1	53.6	476	93.0
181,182.9,184 OTHER FEMALE GENITAL	296	0	0	236	59	1	57.6	288	97.3
MALE GENITAL ORGANS	2534	1699	832	0	0	3	67.1	2226	87.8
185 PROSTATE	2307	1511	794	0	0	2	69.9	2003	86.8
186,187 OTHER MALE GENITAL	227	188	38	0	0	1	38.5	223	98.2
URINARY ORGANS	1458	871	126	356	102	3	61.2	1312	90.0
188 BLADDER	864	540	74	198	49	3	64.6	809	93.6
189.0 KIDNEY, EXCEPT PELVIS	443	240	42	118	43	0	53.9	363	81.9
189.1,189.2,189.9 OTHER URINARY	151	91	10	40	10	0	63.0	140	92.7
OTHER AND UNSPECIFIED SITES	2700	1213	269	964	236	18	51.1	2342	86.7
190 EYE	102	49	8	41	4	0	44.2	98	96.1
191,192 BRAIN & NERVOUS SYSTEM	987	475	74	362	62	14	44.3	863	87.4
193 THYROID GLAND	255	62	8	150	35	0	43.9	245	96.1
194 OTHER ENDOCRINE GLANDS	134	59	17	40	18	0	41.9	110	82.1
195,199 ILL-DEFINED & UNSPECIFIED SITES	1222	568	162	371	117	4	59.8	1026	84.0
LYMPHATIC AND HEMATOPOIETIC TISSUE	2718	1283	266	947	208	14	51.6	2362	86.9
201 HODGKINS DISEASE	471	230	47	157	35	2	40.5	437	92.8
203 MULTIPLE MYELOMA	363	131	72	102	56	2	63.8	283	78.0
204-207 LEUKEMIAS	934	472	81	324	53	4	48.7	784	83.9
200,202,208,209 OTHER LYMPHATIC	950	450	66	364	64	6	55.4	858	90.3

TOTAL REGISTRY HOSPITALS, 1968 - 1973

STAGE OF DISEASE						TREATMENT							CONDITION ON DISCHARGE		
													ALIVE		
IN SITU	LOC INV	REG NODES	REM MET	DIFF DIS	UNK	SUR-GERY	RAD	CHEMO	HORM	S&R	OTH COMB	NONE	NO EVID	NOT FREE	DEAD
1896	12513	5540	5931	2247	284	10691	4820	1645	697	2019	3873	5137	9975	16296	2611
29	814	495	145	0	10	640	439	21	1	163	37	192	700	730	63
11	125	20	5	0	2	141	4	1	0	9	2	6	139	22	2
4	137	85	25	0	2	96	83	3	0	24	8	39	109	131	13
0	71	42	21	0	1	93	9	2	0	19	1	11	81	51	3
14	481	348	94	0	5	310	343	15	1	111	26	136	371	526	45
76	1870	1280	1265	0	23	2168	390	276	19	112	252	1297	1425	2387	702
2	260	123	98	0	1	70	214	2	3	59	13	123	71	325	88
5	141	231	180	0	2	241	30	41	2	8	21	216	105	355	99
0	38	18	15	0	0	43	2	1	1	3	3	18	22	34	15
38	740	461	414	0	8	1156	19	104	2	14	123	243	774	725	162
29	399	188	191	0	3	504	67	31	1	23	47	137	394	345	71
0	54	21	48	0	2	9	1	18	1	0	7	89	4	68	53
1	53	40	33	0	0	55	5	8	0	1	4	54	26	64	37
1	165	184	258	0	5	69	39	63	8	1	29	404	17	429	167
0	20	14	28	0	2	21	13	8	1	3	5	13	12	42	10
36	1909	1376	1256	0	43	967	1735	159	26	360	306	1067	879	3175	566
28	402	116	18	0	0	181	186	2	0	98	8	89	273	275	16
7	1408	1221	1206	0	38	740	1498	152	26	244	279	941	567	2781	532
1	99	39	32	0	5	46	51	5	0	18	19	37	39	119	18
93	1831	1111	973	0	6	2131	290	170	140	445	525	313	2183	1697	134
0	129	26	39	0	0	68	37	9	1	18	24	37	72	113	9
2	160	37	58	0	1	137	25	16	1	25	27	27	132	117	9
34	321	99	151	0	1	409	14	46	1	4	64	68	371	217	18
57	1221	949	725	0	4	1517	214	99	137	398	410	181	1608	1250	98
1611	2147	552	498	0	23	2176	1272	150	14	294	281	644	2560	2168	103
1546	1252	373	140	0	11	1708	981	19	2	85	66	461	1914	1366	42
28	542	53	75	0	3	215	182	8	8	146	59	83	357	331	13
4	174	77	249	0	8	117	40	110	3	54	129	59	135	339	38
33	179	49	34	0	1	136	69	13	1	9	27	41	154	132	10
23	1711	261	523	0	16	733	73	33	362	89	955	289	805	1543	186
20	1574	222	475	0	16	639	54	22	362	36	921	273	688	1439	180
3	137	39	48	0	0	94	19	11	0	53	34	16	117	104	6
19	978	206	249	0	6	881	106	16	12	161	115	167	720	644	94
16	668	118	61	0	1	578	65	7	1	100	33	80	460	354	50
1	215	62	160	0	5	205	28	8	11	53	71	67	174	233	36
2	95	26	28	0	0	98	13	1	0	8	11	20	86	57	8
9	1253	259	1022	0	157	874	264	198	36	273	388	667	554	1731	415
2	81	5	12	0	2	63	5	5	0	11	9	9	62	40	0
6	852	61	59	0	9	434	70	19	7	173	146	138	228	611	148
1	159	69	25	0	1	163	6	1	3	15	41	26	169	78	8
0	105	12	17	0	0	33	18	4	6	10	49	14	64	61	9
0	56	112	909	0	145	181	165	169	20	64	143	480	31	941	250
0	0	0	0	2247	0	121	251	622	87	122	1014	501	149	2221	348
				*SEE BELOW		35	74	63	6	57	167	69	44	394	33
0	0	0	0	363	0	7	26	70	16	6	190	48	11	306	46
0	0	0	0	934	0	5	14	333	47	0	322	213	24	724	186
0	0	0	0	950	0	74	137	156	18	59	335	171	70	797	83

*THE TOTAL STAGE OF DISEASE BREAKDOWN DOES NOT INCLUDE CASES OF HODGKIN'S DISEASE, WHICH ARE STAGED ACCORDING TO CLINICAL CLASSIFICATION.

STAGE	NUMBER	STAGE	NUMBER
1	42	6	50
2	8	7	15
3	56	8	90
4	18	UNK	159
5	33		

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